CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comp	olete this form.	1 Filer ID (Ethics Commi 00032066		2 Total pages filed: 32	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE O	NLY
OFFICEHOLDER NAME	Ms.	Norma P.			Date Received	
					ELECTRONICALLY FI	ILED
	NICKNAME	LAST		SUFFIX	02/26/2024	
	NICKNAME	Chavez		SUFFIX	02/20/2021	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Post	tmarked
MAILING	824 Bolivia Street				Receipt # Amount	t
ADDRESS						
Change of Address	El Paso, TX 79903				Date Processed	
					Date Imaged	
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME		Carlos M.				
	NICKNAME	LAST		SUFFIX		
		Rivera				
C CAMPAIGN	OTDEET ADDDESS (NO DO	2 POV PLEASE):	AD	T / OLUTE # OLTY	OTATE:	710.0005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO		AP	T / SUITE #; CITY;	STATE;	ZIP CODE
ADDRESS	919 E. University Avenue	;				
(Residence or Business)						
	El Paso, TX 79902					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(915) 549-5444					
THONE						
8 REPORT TYPE					-	
ITPE	January 15	30th day before	election	Runoff	15th day after campaign tre appointment (officeholder of	
	July 15	X 8th day before	election	Exceeded modified	Final Report (Attach C/OH-	
		_		reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	T⊦	IROUGH	02/24/202	24	
10 ELECTION	ELECTION DATE	<u></u>		ELECTION TYPE	_	
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024		eneral	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
	State Representative Dis	trict 76		State Represent	tative District 77	
	1			1		
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 32

13 C / OH NAME	Chavez, Norma P. (N	S.)	14 Filer ID 00032066	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 24,408.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC		\$ 17,373.13	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 17,039.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Ms. 1	Norma P. Chavez	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

		3 of 32					
18 FILER NAME Chavez, Norma P. (Ms.)	19 Filer ID 00032066	(Ethics Commission Filers)					
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT					
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 23,008.00					
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,400.00						
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4. SCHEDULE E: LOANS	\$						
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$ 17,373.13					
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$					
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$					
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS O	F C/OH	\$					
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$					
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	\$						

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to comple	te this forr	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 02/12/2024	 Full name of contributor	PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
_	Deignigal	El Paso, TX 79930	lo.	Franks on (Coo bath others			
8	Realtor	pation / Job title (See Instructions)	9	Employer (See Instructions Self	S) 		
	Date 01/30/2024	Full name of contributor	PAC (ID#:)	•	Amount of Contribution (\$)	\$300.00
	Principal occu	El Paso, TX 79930	1	Employer (See Instructions	<u>''</u>		
	Realtor	pation / Job title (See Instructions)		Employer (See Instructions Self	>)		
	Date 01/28/2024	Full name of contributor	PAC (ID#:)	•	Amount of Contribution (\$)	\$103.00
		Dallas , TX 75208					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Alonzo Law Firm	5)		
	Date 02/12/2024	Armendarez, Albert	PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/12/2024	Full name of contributor out-of-state Austin, David Contributor address; City; State; Zip Code El Paso, TX 79912	PAC (ID#:)		Amount of Contribution (\$)	\$250.00
	Principal occu Testing Clerk	pation / Job title (See Instructions)		Employer (See Instructions El Paso Community Col		e	
			I .				

	MONET	ARY POLITICAL CONTRIBUT	ION	IS		SCHEDUL	E A1
	The Instruc	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 02/12/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$250.00
_	5	El Paso, TX 79902	- 1-		<u></u>		
8	Developer	pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID Briones, Delia (The Honorable) Contributor address; City; State; Zip Code)#:)		Amount of Contribution (\$)	\$50.00
	Dringing agg	El Paso, TX 79902	_	Employer (See Instructions	<u>,,</u>		
	County Clerk	pation / Job title (See Instructions)		Employer (See Instructions El Paso County	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID Castanon Williams, Maria (The Honorable) Contributor address; City; State; Zip Code)#:)	•	Amount of Contribution (\$)	\$100.00
		El Paso, TX 79925					
	Principal occu Administrato	pation / Job title (See Instructions) r		Employer (See Instructions El Paso Community Col	•	e	
	Date 02/12/2024	Full name of contributor out-of-state PAC (IDDgc, Lutfi Contributor address; City; State; Zip Code El Paso, TX 79928)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 02/11/2024	Full name of contributor out-of-state PAC (IE Eastside Democrats of El Paso Contributor address; City; State; Zip Code El Paso, TX 79936	D#:			Amount of Contribution (\$)	\$200.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		

	MONET	ARY POLITICAL CONTRIBUTION	N	IS		SCHEDULE A1
	The Instruc	ction Guide explains how to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/32
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission Filers) 00032066
4	Date 01/28/2024	 Full name of contributor			7	Amount of Contribution (\$) \$300.00
8	Principal occu Anesthesiolo	El Paso, TX 79902 pation / Job title (See Instructions)	9	Employer (See Instructions Self Employed	<u> </u> s)	
	Date 02/12/2024	Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$2,500.00
	Principal occu	El Paso, TX 79901 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ El Paso Sheriff's Officers Assoc Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$) \$2,500.00
	Principal occu	El Paso, TX 79901 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)	
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_ Engels, Jan (The Honorable) Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$25.00
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions BBMSS	<u>I</u> S)	
	Date 02/07/2024	Full name of contributor out-of-state PAC (ID#:_ Esparza, Sonia Contributor address; City; State; Zip Code El Paso, TX 79930)	•	Amount of Contribution (\$) \$10.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	s)	

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDULE	■ A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	ı Filers)
4	Date 02/12/2024	 Full name of contributor our Fierro, Enriqueta "Queta" (The Fierro) (The Fierro, Enriqueta "Queta" (The Fierro) (The Fierro, Enriqueta "Queta" (The Fierro) (The Fierro) (Th			7	Amount of Contribution (\$)	\$50.00
	Dringing Loon	El Paso, TX 79925	lo-	Employer (Coo Instructions			
8	Administrativ	pation / Job title (See Instructions) re Assistant	9	Employer (See Instructions Retired)		
	Date 02/12/2024	Full name of contributor our countributor our contributor address; City; State; Zip				Amount of Contribution (\$)	\$20.00
		El Paso, TX 79930					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 02/12/2024	Full name of contributor our Gonzalez, Mayte Contributor address; City; State; Zip	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$25.00
		El Paso, TX 79934					
	Principal occu Paralegal	pation / Job title (See Instructions)		Employer (See Instructions Law Office	i)		
	Date 02/12/2024	Full name of contributor our distributor our distributor address; City; State; Zip El Paso, TX 79924				Amount of Contribution (\$)	\$5.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed)		
	Date 02/11/2024	Full name of contributor our Huerta, Arturo Contributor address; City; State; Zip El Paso, TX 79930	t-of-state PAC (ID#:)		Amount of Contribution (\$)	\$75.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			l .	<u> </u>			

	MONEI	Α	RY POLITICAL C	ONTRIBUTIO	יוכ	NS		SCHEDUI	LE A1
	The Instru	cti	ion Guide explains how	to complete this t	for	m.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/32	
2	FILER NAME	·m·	o D (Mc)				3	Filer ID (Ethics Commission 00032066	on Filers)
	Chavez, Nor						L		
4	Date 02/09/2024	ļ	Full name of contributor Jobe, Stanley	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
		6	Contributor address; City; Sta	ate; Zip Code					
			El Paso, TX 79928						
8	Principal occu	ıpa	tion / Job title (See Instructions)		9	, , ,	s)		
	Owner					Jobe Materials			
	Date		Full name of contributor	out-of-state PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/12/2024		Lewis, Sergio (The Honora	uble)					\$500.00
		ļ	Contributor address; City; Sta	ate: Zip Code			1		
			El Paso, TX 79904						
	Principal occu	pa	tion / Job title (See Instructions)			Employer (See Instructions	5)		
	Automotive					Sergio Lewis			
	Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024		Linebarger Goggan Blair &	 Sampson					\$500.00
		ļ	Contributor address; City; Sta	ate; Zip Code			1		
			Austin, TX 78760						
	Principal occu	ıpa	tion / Job title (See Instructions)			Employer (See Instructions	s)		
	Date		Full name of contributor	out-of-state PAC (ID#:				Amount of Contribution (\$)	
	02/12/2024		Lizarraga, Cissy (The Hon	orable)					\$1,000.00
		ļ	Contributor address; City; Sta	ate; Zip Code			1		
			El Paso, TX 79902		_				
	•		tion / Job title (See Instructions)			Employer (See Instructions			
	Former City	Re	ep EPTX			Retired Teacher/Elected	d O	ff 	
	Date		Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	02/12/2024		McGinnis, Ronald						\$500.00
		ļ	Contributor address; City; Sta	ate; Zip Code			1		
			El Paso, TX 79950		_		Ĺ		
		ıpa	tion / Job title (See Instructions)			Employer (See Instructions	5)		
	President					Ecopolis			
		_							

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS	SCHEDULE A	.1
	The Instru	ction Guide explains how	to complete this fo	orm.	1 Total pages Schedule A1: Sch: 6/10 Rpt: 9/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3 Filer ID (Ethics Commission Filer 00032066	·s)
4	Date 02/12/2024	Full name of contributor Nancy, Rodriguez Contributor address; City; Sta	out-of-state PAC (ID#:		7 Amount of Contribution (\$) \$5	50.00
_		El Paso, TX 79930				
8	Principal occu Librarian	pation / Job title (See Instructions))	9 Employer (See Instructions Socorro Independent S		
	Date 02/14/2024	Full name of contributor Nino, Teresa Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$) \$10	00.00
	Principal occu	San Antonio, TX 78212 pation / Job title (See Instructions))	Employer (See Instructions	5)	
	Administrato			University of Texas at S		
	Date 02/08/2024	Full name of contributor Ochoa, Irma Contributor address; City; Sta	out-of-state PAC (ID#: ate; Zip Code		Amount of Contribution (\$) \$30	00.00
		El Paso, TX 79925				
	Principal occu Homemaker	pation / Job title (See Instructions)	Employer (See Instructions Retired	5)	
	Date 02/12/2024	Full name of contributor Park, Hyung Lae Contributor address; City; Sta			Amount of Contribution (\$) \$10	00.00
	Principal occu Professor	pation / Job title (See Instructions))	Employer (See Instructions El Paso Community Co		
	Date 02/04/2024	Full name of contributor Peregrino, Sylvia Contributor address; City; Sta	out-of-state PAC (ID#:		Amount of Contribution (\$) \$2	25.00
	Principal occu Instructor	pation / Job title (See Instructions))	Employer (See Instructions EL Paso Community Co		
			<u> </u>			

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to comple	ete this forr	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commissio 00032066	n Filers)
4	Date 02/11/2024	 Full name of contributor out-of-state Portillo-Silva, Michelle Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$50.00
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Self Employe			Sunset Janitorial	,		
	Date 02/06/2024	Full name of contributor out-of-state Portillo-Silva, Michelle Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$75.00
		El Paso, TX 79902					
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Sunset Janitorial	s)		
	Date		e PAC (ID#:)	Г	Amount of Contribution (\$)	
	02/12/2024	Reyes, Martha & Jesus (The Honorab Contributor address; City; State; Zip Code	le)				\$250.00
		El Paso, TX 79907					
	Principal occu Consultant	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
	Date 02/12/2024	Reyes, Rebecca)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Planner	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/15/2024	Full name of contributor out-of-state Reyes, Silvestre (The Honorable) Contributor address; City; State; Zip Code El Paso, TX 79922	e PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
			•				

	MONET	ARY POLITICAL COI	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	n Filers)
4	Date 02/12/2024	 Full name of contributor			7	Amount of Contribution (\$)	\$100.00
8	Principal occur	El Paso, TX 79902 pation / Job title (See Instructions)	l _a	Employer (See Instructions			
0	Not Employe		9	Not Employed	')		
	Date 02/12/2024	Full name of contributor)		Amount of Contribution (\$)	\$50.00
		El Paso, TX 79930					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	;)		
	Date 02/12/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
		El Paso, TX 79930					
	Principal occup	pation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
	Date 02/22/2024	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occup	poation / Job title (See Instructions)		Employer (See Instructions Simco)		
	Date 02/24/2024	Full name of contributor Calazar, Sam Contributor address; City; State; Zalazar, TX 79903	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$80.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
			1				

	MONET	ARY POLITICAL CONT	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to cor	mplete this forn	n.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	on Filers)
4	Date 02/04/2024	 Full name of contributor out-o out-o out-o out-o out-o out-o out-o out-o out-o)	7	Amount of Contribution (\$)	\$15.00
8	Principal occu	Las Cruces, NM 88004 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Not Employe			Not Employed	,		
	Date 02/12/2024	Full name of contributor out-o Schwartz, Stuart (Mr.) Contributor address; City; State; Zip 0				Amount of Contribution (\$)	\$500.00
		El Paso, TX 79912					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions ScottHulse PC)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:) Serna, Irma Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
		El Paso, TX 79930					
	Principal occu Self Employe	pation / Job title (See Instructions) ed		Employer (See Instructions Self Employed)		
	Date 02/12/2024	Spencer, Josh	f-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Spencer Law Firm)		
	Date 02/09/2024	Full name of contributor out-o Teran, Maria Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	•	pation / Job title (See Instructions) ess Consulting		Employer (See Instructions Self)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1				
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/32	
2	FILER NAME Chavez, Nor	ma P. (Ms.)			3	Filer ID (Ethics Commission 00032066	ı Filers)
4	Date 02/12/2024				7	Amount of Contribution (\$)	\$100.00
8	Principal occu	El Paso, TX 79902 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u>		
	Owner/Presi			СРМЕ	,		
	Date Full name of contributor out-of-state PAC (ID#:) 02/15/2024 Texas Cornerstone Credit Union League PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00		
		Dallas, TX 75265-5147	_		Ĺ		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$250.00	
		El Paso, TX 79903					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Townsend Allala Coulte	′	Kludge	
02/12/2024 Webb, I Contribu		Full name of contributor out-of-state PAC (ID#: Webb, Dan Contributor address; City; State; Zip Code El Paso, TX 79934				Amount of Contribution (\$)	\$100.00
	Principal occupation / Job title (See Instructions) Employer Retired Veteran			Employer (See Instructions Veteran	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2024 Williams, Antonio (The Honorable) Contributor address; City; State; Zip Code El Paso, TX 79925			Amount of Contribution (\$)	\$300.00		
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self Employed	5)		
			<u> </u>				

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 14/32 3 Filer ID (Ethics Commission Filers) FILER NAME Chavez, Norma P. (Ms.) 00032066 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/24/2024 Holquin, Eddie \$1,000.00 Data consulting services 7 Contributor address; City; State; Zip Code El Paso, TX 79901 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) **Owner Small Business** Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) In-kind contribution Date Full name of contributor Amount of out-of-state PAC (ID#: contribution (\$) description 02/10/2024 Quinn, Kevin \$400.00 | 4x6 banner signs x 10 Contributor address; City; State; Zip Code El Paso, TX 79912 Check if travel outside of Texas. Complete Schedule T. (See instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Employer (FOR NON-JUDICIAL) County Employee County of El Paso Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See instructions) Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 1/18 Rpt: 15/32	Chavez, Norma P. (Ms.) 00032066			
4	Date	5 Payee name			
	02/01/2024	5 Below			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$21.04	1117 Geronimo			
		El Paso, TX 79925			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	charger Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense cell phone charger cords			
		ceii phone chaigei corus			
_	0 1: 0 11 1 1				
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/19/2024	AT&T			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$292.23	211 S Akard St			
		Dallas, TX 75202			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Internet/phone campaign			
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	02/24/2024	ActBlue			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$66.20	366 Summer Street			
		Somerville, MA 02144-3132			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Service Fee for Online Contributions			
	Complete ONLY if allowers	Condidate/Officeholder name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	·				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/18 Rpt: 16/32	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	02/11/2024	ActBlue
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.37	366 Summer Street
		Somerville, MA 02144-3132
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee for Online Contributions
		Service Fee for Offinite Contributions
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
L		
	Date	Payee name
	02/04/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$1.59	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Service Fee for Online Contributions
		Service Lee for Offinite Contributions
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/28/2024	ActBlue
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.92	366 Summer Street
		Somerville, MA 02144-3132
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Fee for online contributions.
		Service Fee for offilling contributions.
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	•	

SCHEDULE F1

Fees

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 3/18 Rpt: 17/32	Chavez, Norma P. (Ms.) 00032066	
4	Date	5 Payee name	
	02/09/2024	Airport Printing	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,099.00	7 Leigh Fisher	
		El Paso, TX 79906	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Mailer	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
F	Date	Payee name	=
	02/20/2024	Airport Printing	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$9,002.38	7 Leigh Fisher	
		El Paso, TX 79906	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Printing Expense	
		Check if Austin, TX, officeholder living expense Mailer	
		industry and the second	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
F	Date	Payee name	=
	02/02/2024	Albertsons	
H	Amount (\$)	Payee address; City; State; Zip Code	_
	\$32.99	5200 Montana Avenue	
		El Paso, TX 79903	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Check if Austin, TX, officeholder living expense	
		Cake for seniors	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
-			_

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		egal Services he Instruction Guide e			/Contract Labor ete this form.		OTHER (enter a	category not listed a	bove)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 4/18 Rpt: 18/32	Chavez, Norn	na P. (Ms.)					00032066		
4	Date	5 Payee name								
	02/03/2024	Albertsons								
6	Amount (\$)	7 Payee address	; City;	State; Zip Co	de					
	\$32.99	5200 Montan	a Avenue							
		El Paso, TX 7	9903							
8	PURPOSE	(a) Category (See	Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expens				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE					_		officeholder living	expense	
						Cake for seni	ors	;		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	holder name	Office sou	ght			Office he	eld	
	experiantific to benefit G/OI									
	Date	Payee name								
	02/16/2024	Albertsons								
	Amount (\$)	Payee address	; City;	State; Zip Co	de					
	\$9.99	5200 Montan	a Avenue							
		El Paso, TX 7	9903							
	PURPOSE	(a) Category (See	Categories listed at the top of	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expens		ŕ		—		de of Texas. Com		
	EXI ENDITORE					_		officeholder living		
						Sweet bread	me	et and gree	Ĭ	
				- "						
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	nolder name	Office sou	gnt			Office he	eia	
	<u>'</u>									
	Date	Payee name								
	02/20/2024	Albertsons								
	Amount (\$)	Payee address	; City;	State; Zip Co	de					
	\$68.67	5200 Montan	a Avenue							
		El Paso, TX 7	9903							
	PURPOSE	(a) Category (See	Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Event Expens	se			ш		de of Texas. Com		
						ш		officeholder living		
						Cake for seni	or	meet and gr	eeī	
	Complete ONLY if alias -t	Condidate (Off)	holder norse	O#:22 5	ab+			Office	vid.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	moider name	Office sou	gnt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)		
	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 5/18 Rpt: 19/32	Chavez, Norma P. (Ms.)	00032066		
4	Date	5 Payee name			
	02/03/2024	Alon DK			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$15.00	9370 N. Loop			
		El paso, TX 79907			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	, , , , , , , , , , , , , , , , , , ,	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Expense Check if Austin,	TX, officeholder living expense		
		Gas for walk	for Norma		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/07/2024	Ardovinos 2			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$122.47	865 N. Resler			
		El Paso, TX 79912			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	1 00d/Deverage Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense		
		Campaign me			
			3		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
	Date	Payee name			
	02/22/2024	Black El Paso Democrats			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.00	3231 Wyoming			
		, ,			
		El Paso, TX 79903			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Check if Austin,	TX, officeholder living expense		
		Membership 1	fees		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/18 Rpt: 20/32	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	02/20/2024	Bowie Bakery
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.30	901 Park Street
		El Paso, TX 79901
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense sweet bread senior meet and greet
		Sweet bread Selliof flicet and greet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Power name
	02/22/2024	Payee name Chavez, Norma
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	6056 Trowbridge Street
		El Paso, TX 79905
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Campaign walker stipend reimbursement
		Campaigh waiter superia reimbarsement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	02/17/2024	Churches
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.57	812 N. Copia
		51 D TV 70000
		El Paso, TX 79903
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food campaign volunteers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/18 Rpt: 21/32	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	01/31/2024	Cintron, Veronica
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$526.25	651 Jeanny Marie Ct
		El Paso, TX 79932
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fundraising support Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies, expenses, and support for fundraising
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/04/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.27	6101 Gateway
		El Paso , TX 79903
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Gas for walks
		Gus for waiks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/09/2024	Costco
	Amount (\$)	Payee address; City; State; Zip Code
	\$33.09	6101 Gateway
		El Paso , TX 79903
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T. Fxpense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Gas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)		
		The Instruction Guide explains how to complete this form.		
1	Total pages Schedule F1:			
	Sch: 8/18 Rpt: 22/32	Chavez, Norma P. (Ms.) 00032066		
4	Date	5 Payee name		
	02/05/2024	Dollar General		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$5.75	5421 Montana		
		El Paso, TX 79903		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense office supplies		
		Unice Supplies		
_	Compulate ONLY if direct	Condidate/Office holder name Office county		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held		
\vdash	Data			
	Date	Payee name		
	02/01/2024	Dollar Tree		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$54.02	500 N. Zaragoza		
		El Paso, TX 79907		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
		Check if Austin, TX, officeholder living expense Misc. for fundraiser event		
		IVIISC. 101 TUTTUTALISET EVETIL		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O			
_	D :			
	Date	Payee name		
	02/11/2024	Dollar Tree		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$93.64	500 N. Zaragoza		
		El Paso, TX 79907		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description		
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.		
	EXI ENDITORE	Check if Austin, TX, officeholder living expense		
		Decorations/FR expense items		
	0 1 0 0 0 0 0 0			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
<u> </u>	me provided by Toyas F	thice Commission WARN athics state ty us Varsion V3.5.1.0000c/		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		, , , , , , , , , , , , , , , , , , , ,		
1	Total pages Schedule F1: Sch: 9/18 Rpt: 23/32	2 FILER NAME Chavez, Norma P. (Ms.)	3 Filer ID (Ethics Commission Filers) 00032066		
_			00032000		
4	Date 02/21/2024	5 Payee name Dollar Tree			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$13.53	500 N. Zaragoza			
		El Paso, TX 79907			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription		
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
			nkets for senior meet and greet		
			Ç		
9	Complete ONLY if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held		
_	Date	Payee name			
	02/22/2024	East Side Democrats/Martitas			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$50.00	3624 Buckner			
		El Paso, TX 79925			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription		
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.		
		H	Check if Austin, TX, officeholder living expense od donation to East Side Democrats		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	02/14/2024	Encinas, Orlando			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$75.00	3924 Oxford			
		El Paso, TX 79901			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription		
	OF EXPENDITURE	Event Expense	Check if travel outside of Texas. Complete Schedule T.		
			Check if Austin, TX, officeholder living expense rtending fundraiser		
			Š		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/18 Rpt: 24/32	Chavez, Norma P. (Ms.)	00032066
4	Date	5 Payee name	
	02/14/2024	Galvan, Ida	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$115.00	924 Marlow Rd	
		El Paso, TX 79905	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	EXPENDITURE	Reimburse expenses	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			reimburse expenses and stipend for walking
			, , ,
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
F	Date	Payee name	
	02/12/2024	Harbor Freight	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$13.79	3333 Yarbrough	
		, and the second	
		El Paso, TX 79925	
	PURPOSE		Description
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE		Check if Austin, TX, officeholder living expense
			Zip ties for signs
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field
-	Dete	D	
	Date 02/21/2024	Payee name Hernandez, Baltazar	
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 8101 Steel Drive	
	Ψ100.00	0101 Steel Drive	
		Vinton TV 70021	
	DUDDOOT.	Vinton, TX 79821	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Polling Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Politing Expense	Check if Austin, TX, officeholder living expense
			Signs at early voting polls
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/OI	¬	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
	Sch: 11/18 Rpt: 25/32	Chavez, Norma P. (Ms.) 00032066			
4	Date	5 Payee name			
	02/23/2024	Hernandez, Baltazar			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$75.00	8141 Steel			
		Vinton, TX 79821			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Signage at polling locations			
		Signage at poining locations			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
9	Complete ONLY if direct expenditure to benefit C/O				
L					
	Date	Payee name			
	02/18/2024	Home Depot			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$137.61	11360 Rojas			
		El Paso, TX 79936			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense stakes, zip ties, supplies			
		Stakes, 21p ties, supplies			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O				
	Date	Payee name			
	02/21/2024	Home Depot			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$81.04	11360 Rojas			
		El Paso, TX 79936			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		stakes and sign supplies			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
L	expenditure to benefit C/OH				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/18 Rpt: 26/32	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	02/23/2024	Home Depot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$109.89	11360 Rojas
		El Paso, TX 79936
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sign supplies, stakes, etc.,
		o.g. (o.upp.100, o.u.100, o.u.1
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davido namo
	02/06/2024	Payee name L & J Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.05	3622 E. Missouri
		El Paso , TX 79903
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food campaign workers
		. 332 38
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davida nama
	01/30/2024	Payee name Lowe's
	Amount (\$)	Payee address; City; State; Zip Code
	\$145.67	4531 Woodrow Bean
		El Paso, TX 79924
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	sign supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		tape, wood pickets, for signs etc.,
		apo, nod planeta, la digita dali,
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/18 Rpt: 27/32	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	02/05/2024	Midtown Spirits
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.39	2224 Yandell
		El Paso, TX 79903
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Walk this way: Ben Tacos for walkers
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
l	02/05/2024	Mountain Star FCU
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	2229 Yandell
	Ψ10.00	ZZZ3 Tanden
		El Paso, TX 79903
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		copies
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	Complete ONLY if direct expenditure to benefit C/OI	y
⊨		
	Date	Payee name
L	02/23/2024	Office Depot
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$42.22	1111 Geronimo
l		
		El Paso , TX 79925
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Paper
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	Superioritation to beliefft 6/01	·
_		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 14/18 Rpt: 28/32	Chavez, Norma P. (Ms.) 00032066	
4	Date	5 Payee name	
	02/15/2024	Orlando , Zapantan	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$755.04	3410 Wickham	
		El Paso , TX 79904	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign signs	
		Campaign signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/O		
<u> </u>	Data		
	Date	Payee name	
	02/08/2024	Peking Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$70.70	2602 Piedras	
		El Paso, TX 79930	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign meeting	
		Campaign meeting	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	
_	5 .		
	Date	Payee name	
	02/09/2024	Peking Express	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$400.00	2602 Piedras	
		El Paso, TX 79930	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Fundraiser expense	
		Fundialsel expense	
_	Consolate ONII V if disease Condidate /Office holder name Office hold		
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/18 Rpt: 29/32	Chavez, Norma P. (Ms.) 00032066
4	Date	5 Payee name
	02/12/2024	Peking Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	2602 Piedras
		El Paso, TX 79930
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Final payment fundraiser event food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/29/2024	Rudy's
	Amount (\$)	Payee address; City; State; Zip Code
	\$61.06	7970 Gateway
		El Paso, TX 79907
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign meeeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	02/06/2024	Payee name Scale to Win
	Amount (\$)	Payee address; City; State; Zip Code
	\$44.62	13742 Harper Street
	Ψ44.02	13742 Halper Street
		Santa Ana, CA 92703
	PURPOSE	<u> </u>
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		text services
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onpolicitate to beliefit 6/01	·

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/18 Rpt: 30/32	Chavez, Norma P. (Ms.)	00032066
4	Date	5 Payee name	
	02/01/2024	Su Casa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$76.17	2030 E. Yandell	
		El Paso, TX 79903	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense	outside of Texas. Complete Schedule T.
			, TX, officeholder living expense te Endorsement Meeting and dinner
		1 450 5011101	to Endorsement Meeting and diffici
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	02/19/2024	Tacotote	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.19	1000 Magruder	
		·	
		El Paso, TX 79925	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	outside of Texas. Complete Schedule T.
		Check if Austin Volunteer foo	, TX, officeholder living expense
		volunteer 100	iu.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	02/07/2024	Velez, Jose	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$700.00	311 Montana A219	
		El Paso, TX 79902	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		, TX, officeholder living expense
		Branding	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
_	Total manage Calculula E4.	O FILED MANS	
1	Total pages Schedule F1: Sch: 17/18 Rpt: 31/32	2 FILER NAME Chavez, Norma P. (Ms.) 3 Filer ID (Ethics Commission Filers) 00032066	
4	Date	5 Payee name	
	02/17/2024	Velez, Jose	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	311 Montana A219	
		El Paso, TX 79902	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Consulting Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Branding	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
L			
	Date	Payee name	
	02/22/2024	Velez, Jose	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	311 Montana A219	
	,		
		El Paso, TX 79902	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		Branding	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/OI	1	
H	Data	Davida marra	
	Date	Payee name	
	02/13/2024	WB Liquors @ Costco	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$104.99	6101 Gateway	
		El Paso, TX 79925	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Beer and wine for fundraiser	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	1	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 18/18 Rpt: 32/32	Chavez, Norma P. (Ms.) 00032066	
4	Date	5 Payee name	
	02/24/2024	Whataburger	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$22.33	5600 Montana	
		El Paso, TX 79925	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Food for volunteers	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	02/13/2024	Zampanta, Orlando	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$119.07	3410 Wickham	
		El Paso, TX 79904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense sign for fundraiser	
		Sign for fundraiser	
	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH		
	Date	Payee name	
	02/21/2024	Zampanta, Orlando	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$755.04	3410 Wickham	
		El Paso, TX 79904	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
	-	Check if Austin, TX, officeholder living expense	
		signs	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
	•		